



7500 Security Boulevard
Baltimore, Maryland 21244

DATE: February 15, 2005

TO: Presidents/Chief Executive Officers of Medicare Advantage Organizations, Cost-based Plans, and Preferred Provider Organization Demonstrations

FROM: Patricia Smith, Director, Medicare Advantage Group
Robert Donnelly, Director, Medicare Drug Benefit Group

SUBJECT: Enclosure D for Medicare Advantage (MA) (formerly Medicare+Choice (M+C)) Organizations, 1876 Cost-based Plans, and Preferred Provider Organization (PPO) transitioning to the Medicare Advantage program

Attached is the Enclosure D - Inquiry/Attestation Regarding Business Integrity, part of the information required to be submitted under the January 24, 2005 guidance for current contractors seeking to transition to the Medicare Advantage program for contract year 2006. The January 24, 2005 guidance discussed Enclosure D and the Business Integrity issue, but did not include the actual information request and attestation language. We are posting this now for current contractors to complete and submit with their other transition materials by 5:00 p.m. March 23, 2005. If you have any questions with regard to this piece of the transition requirements, please contact Helaine Fingold at (410) 786-5014

Business Integrity Information/Attestation

Please respond to the following question and sign the attached attestation:

List any past or pending, if known, investigations, legal actions, or matters subject to arbitration brought involving the Applicant (and Applicant's parent firm if applicable) and its subcontractors, including any key management or executive staff, or any major shareholders (5 percent or more), by a government agency (state or federal) over the past three years on matters relating to payments from governmental entities, both federal and state, for healthcare and/or prescription drug services. Provide a brief explanation of each action, including the following:

1. legal names of the parties;
2. circumstances;
3. status (pending or closed); and
4. if closed, provide the details concerning resolution and any monetary payments, or settlement agreements or corporate integrity agreement.

Please attach a separate sheet of paper if necessary.

I agree that CMS may inspect any and all information necessary including inspections at the premises of the Medicare Advantage Organization or Cost Plan to ensure the accuracy of the statements herein.

Name of Organization: _____

Printed Name of CEO: _____

Signature: _____

Medicare Advantage Contract Numbers:

H#_____ H#_____ H#_____ H#_____ H#_____ H#_____ H#_____

NOTE:

- **This information must be supplied by any MA organization or Cost Plan that intends to contract with CMS starting January 1, 2006.**

Business Integrity Information/Attestation

By signing this attestation, the Medicare Advantage Organization or Cost-based Plan attests that it or its affiliated companies, any member of its board of directors, any key management or executive staff, or any major shareholder of (5 percent or more) agree that they are bound by 45 CFR Part 76 and attest that they are not excluded by the Department of Health and Human Services Office of the Inspector General or by the General Services Administration. It also attests that it has confirmed that none of its subsidiaries or subcontractors, or subcontractor staff appear on the Department of Health and Human Services Office of the Inspector General or the General Services Administration exclusions lists.

Name of Organization: _____

Printed Name of CEO: _____

Signature: _____

Medicare Advantage Contract Numbers:

H#_____ H#_____ H#_____ H#_____ H#_____ H#_____ H#_____

NOTE:

- **This attestation form must be signed by any MA organization or Cost Plan that intends to contract with CMS starting January 1, 2006.**